

## Memorandum

To: Healthy Families America Sites

From: Cydney M. Wessel National Director

> Healthy Families America Prevent Child Abuse America

Date: September 5th, 2013

Re: Adjusted HFA Fee Schedule: 2014 - 2018

James M. Hmurovich President & CEO Prevent Child Abuse America

The first part of this memorandum serves to inform the HFA network of <u>Annual Affiliation Fee Adjustments</u> to be implemented beginning with the <u>July 2014 invoices</u> for all currently affiliated HFA sites. Recognizing sites must set budgets as far in advance as possible, this communication includes a detailed fee schedule allowing sites to plan the next five years through December 2018 (see exhibit 1). The second part of this memorandum serves to inform the HFA network of <u>Affiliation Fees for New/Provisional Sites Beginning January 1<sup>st</sup>, 2014 (see exhibit 2).</u>

## Why Fee Adjustments:

It is important to share openly and transparently with you the rationale behind the fee adjustments and more importantly the advantages these adjustments will bring to the HFA network.

The HFA Network has grown tremendously over the last two years. The network now includes nearly 600 sites in 40 states, the District of Columbia, American Samoa, Guam, the Commonwealth of the Northern Marianas, Puerto Rico, US Virgin Islands, and Canada. There has been a 54% increase in the number of sites in just 2 years. In fact, when the new federal MIECHV program was launched, more communities selected the HFA model than any other evidence-based home visiting model. It is a testament to the quality of service we all embrace. The National Office is committed to ensuring that you always can be proud to say you have chosen to implement the HFA model. While this growth is exciting, it is essential for the HFA National Office, at Prevent Child Abuse America, to continue growing the infrastructure necessary to support a network expanding both in size and scope.

When the HFA National Office was initially established 21 years ago, dissemination, replication and oversight was primarily supported by private and corporate foundation dollars offsetting the cost to the network considerably. As national foundations have shifted their priorities to better support work that touches families at the local level (which we applaud), the National Office has had to recognize the total and true cost of business and modify to what is now a fee-based revenue structure. HFA is not alone in this reality; other home visiting models find themselves with similar experiences.

The HFA National Office over the past several years has functioned with minimal staffing in an effort to keep fees as low as possible. With the demands continually faced by sites to sustain programs over time, the HFA Network not only <u>deserves</u>, but should demand a national office whose infrastructure is able to be <u>more proactive</u>, <u>supportive</u> and able to remain <u>viable over the long-term</u>. The reality is the national office is currently understaffed to adequately support a network of this size and caliber. Like many of you, we do not receive any of the federal funds, yet we are all impacted by the exposure this unprecedented investment in evidence-based home visiting has brought to our field. We must all rise to higher standards and increased accountability as a result, while maintaining our most intent focus on the families and young children we serve.

## What do these fee adjustments mean for sites?

- 1. Increased support and technical assistance: The fees described below will allow the HFA National Office to hire additional staff. This will immediately increase the availability of National Office staff and improve the quantity, quality and response time of technical assistance and support. Positions to be added include additional Regional Director(s) and Quality Assurance Manager(s) and implementation of a weighted state/site caseload per staff to ensure staff has adequate time to spend with sites and states to meet their specific needs and plan for future activities and growth. Increased technical assistance and support will be available remotely, via telephone and email, and in-person when desired (based on the site's ability to pay travel expenses). Accreditation technical assistance and support will become more proactive, with periodic check-in calls, additional webinars, implementation tools, feedback on self-study preparation, and development of additional tools and resources to improve the site's ability to demonstrate adherence to the HFA Best Practice Standards.
- 2. **Increased and Improved Training:** This also will improve the quality of <u>training</u>, including new training materials and training opportunities. This will occur through updated and expanded online learning, more frequent webinars, new face-to-face training content, particularly for program managers, and availability of train-the-trainer opportunities.
- 3. **Additional Materials and Resources:** It also will improve access to <u>electronic and print materials</u>, and other resources, through a much needed and long overdue revamp to the <u>HFA website</u> with a designated portal for HFA affiliates that includes, among many other things, sample forms and documents, training links, and <u>public policy updates</u> so that sites are kept informed of policy developments that potentially impact you and your state.
- 4. **A Cutting Edge Model**: Overall, the HFA National Office will better able to sustain and <u>improve the HFA model</u> by implementing the <u>research agenda</u>, <u>performance monitoring</u>, ensuring more timely <u>dissemination of evaluation findings</u>, <u>translation of research</u> to best practice standards, and <u>demonstration of the ongoing effectiveness</u> and evidence-base of the HFA model.
- 5. **Use of the HFA Name and Logo:** Annual fees also give license to implementing sites to use the HFA name and logo. Use of the name and logo represents to the interested public, including local, state and federal decision-makers, that you are implementing a home visiting model with proven results and a reputation behind its name. The National Office is responsible for ensuring that the standard of quality that has been hard-earned by HFA over the last 20 years is sustained and strengthened. In order to guarantee that the HFA name and logo continue to be well-regarded by the home visiting field and its users we must ensure implementing agencies do so with quality and fidelity. The HFA Accreditation process is both rigorous and demanding and it must continue to be so during a time when federal evaluations and benchmark results are being used to illustrate effectiveness and impact across multiple models.

A strong national infrastructure requires a consistent form of ongoing revenue to support the true costs of serving our affiliates and ensuring the long term success and sustainability of the HFA model. We are confident that even with the increases sites will continue to find HFA fees remain fair and competitive with other evidence-based home visiting models' fees.

Exhibit 1: Annual Affiliation Fees and Payment Schedule for CURRENT/EXISTING Affiliates:

Single Site Affiliation Fee schedule for Calendar Years 2014 - 2018

	Size of Site*			
Fee Schedule	Very Small <sup>1</sup>	Average <sup>2</sup>	Large <sup>3</sup>	Very Large <sup>4</sup>
Current Full Year	\$725	\$1450	\$2175	\$2900
January 2013 installment	\$363	\$725	\$1088	\$1450
July 2013 installment	\$362	\$725	\$1087	\$1450
2014 Total	\$1025	\$2050	\$2775	\$3500
January 2014 installment	\$363	\$725	\$1088	\$1450
July 2014 installment	\$662	\$1325	\$1687	\$2050
2015 Total	\$1325	\$2650	\$3375	\$4100
January 2015 installment	\$663	\$1325	\$1688	\$2050
July 2015 installment	\$662	\$1325	\$1687	\$2050
2016 Total	\$1550	\$3100	\$3825	\$4550
January 2016 installment	\$775	\$1550	\$1913	\$2275
July 2016 installment	\$775	\$1550	\$1912	\$2275
2017 Total	\$1750	\$3500	\$4225	\$4950
January 2017 installment	\$875	\$1750	\$2112	\$2475
July 2017 installment	\$875	\$1750	\$2113	\$2475
2018 Total	\$1750	\$3500	\$4225	\$4950
January 2018 installment	\$875	\$1750	\$2112	\$2475
July 2018 installment	\$875	\$1750	\$2113	\$2475

## Exhibit 2: Annual Affiliation Fees for NEW Affiliates as of January 1, 2014:

While the vast majority of those in receipt of this memorandum are current affiliates and therefore scheduled to pay fees as described above, it is important for the network as a whole to be aware that the annual affiliation fee for sites that become new affiliates after December 31, 2013 will increase according to the following Provisional Affiliate Annual Fee schedule (based on the year the site affiliates):

- 2014 Affiliates: \$3500 for the initial year & \$3500 each year until the site is fully accredited.
- 2015 Affiliates: \$4000 for the initial year & \$4000 each year until the site is fully accredited.
- 2016 Affiliates: \$4500 for the initial year & \$4500 each year until the site is fully accredited.
- 2017 Affiliates: \$5000 for the initial year & \$5000 each year until the site is fully accredited.
- 2018 Affiliates: \$5000 for the initial year & \$5000 each year until the site is fully accredited.

Once accredited, sites are no longer considered provisional, and will then pay annual affiliation fees consistent with the rest of the network based on the size of the program according to Exhibit 1.

Provisional affiliates are sites in the initial start-up phase and have not yet demonstrated model fidelity through the accreditation process. Provisional sites require the most support and technical assistance from the National Office during initial start-up and first 3-4 years of operation. The new Provisional Affiliate Annual fee takes into consideration these additional support needs, similar to other home visiting models that charge an initial start-up fee, and will ensure sites implement the HFA model with fidelity as early in the start-up process as possible.

<sup>&</sup>lt;sup>1</sup> Programs employing 2.0 FTE or fewer direct service staff (assessment & home visiting)

<sup>&</sup>lt;sup>2</sup> Programs employing 2.1 FTE - 15 FTE direct service staff (assessment & home visiting)

<sup>&</sup>lt;sup>3</sup> Programs employing 15.1 FTE - 30 FTE direct service staff

<sup>&</sup>lt;sup>4</sup> Programs employing 30.1+ FTE direct service staff